PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

NRN-001.

CLAIMS AS FILED - PART								SMALL ENTITY			OTHER THAN	
TOTAL CLAUMS			(Column 1)		(Column 2)		N.	TYPE Z		OR	SMALL ENTITY	
TOTAL CLAIMS			18					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			(B minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		* 0			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+140=	•	OR	+280=	
* If	the difference	in column 1 is	ess than ze	ro, ente	r "0" in c	olumn 2		TOTAL	270	OR	TOTAL	
CLAIMS AS AMENDED - PART II									7		OTHER	THAN
		(Column 1)		(Colu		(Column 3)	L	SMALL E	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 26	Minus	** 22		= #3		X\$ 9=	127	OR	X\$18=	. ;
	Independent	* 7	Minus	***	CLAIM	-10	$\mid \mid$	X42	43	OR	X84= -	
	FINOT PRESE	INTATION OF IM	DETIFIE DET	LINDEN	CLANVI]	+140=		OR	+280=	
			•	Ì				TOTAL ADDIT, FEE	70.	OR	TOTAL ADDIT: FEE	7.2%
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	1.55
ME	Independent	*	Minus	***		=]	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∣				· · · · · ·	
				• .	•		ĺ	+140=		OR	+280=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	0	RATE	ADDI- TIONAL FEE
	Total	*,	Minus	**		=		X\$ 9=		OR	X\$18=	•.
	Independent	*	Minus	***		=	11	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┠	.140			.200	. +-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280= TOTAL	_
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	Ц——
		nber Previously Pa						ınd in the app	propriate box	in co	olumn 1.	